

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10054895 FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17	16					
18	16	42				
19	16					
20	16					
21	1					
22	1					
23	1					
24	1					
25	1					
26	8					
27	8					
28	8					
29	8					
30	1					
31	1					
32	1					
33	1					
34	1					
35	1					
36	1					
37	1					
38	1					
39	1					
40	1					
41	1					
42	1					
43	1					
44	1					
45	1					
46	1					
47	1					
48	1					
49	1					
50	1					
TOTAL IND.	23					
TOTAL DEP.	1280	179				
TOTAL CLAIMS	133					

*		*		*
IND.	DEP.	IND.	DEP.	IND.
51				
52				
53				
54				
55				
56				
57				
58				
59				
60				
61				
62				
63				
64				
65				
66				
67				
68				
69				
70				
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80				
81				
82				
83				
84				
85				
86				
87				
88				
89				
90				
91				
92				
93				
94				
95				
96				
97				
98				
99				
100				
TOTAL IND.				
TOTAL DEP.				
TOTAL CLAIMS				

CLAIMS ONLY

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.			
1	1			1			51		
2		1					52		
3		1					53		
4		1					54		
5		1					55		
6		1					56		
7		1					57		
8		1					58		
9		1					59		
10		1					60		
11		1					61		
12		1					62		
13		1					63		
14		1					64		
15		1					65		
16		1					66		
17	16						67		
18	16						68		
19	16						69		
20	1						70		
21	1						71		
22	1						72		
23	1	4					73		
24	1	4					74		
25	1	4			1		75		
26	1	8			8		76		
27	1	8			8		77		
28	1	8			8		78		
29	1	8			8		79		
30	1	8			8		80		
31	1				1		81		
32	1				1		82		
33	1				1		83		
34	1				1		84		
35	1				1		85		
36	1				1		86		
37	1				1		87		
38	1				1		88		
39	1		2		1		89		
40	1		2		1		90		
41	1				1		91		
42	1				1		92		
43	1				1		93		
44	1				1		94		
45	1				1		95		
46	1				1		96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	243				3		TOTAL IND.		
TOTAL DEP.	68				130		TOTAL DEP.		
TOTAL CLAIMS	91				133		TOTAL CLAIMS		

776 1200

C400

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS